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012004
5750 U.S.PTO

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonapplications under 37C.F.R. §1.53(b))

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original, and a duplicate for fee processing)
2. Applicant claims small entity status
See 37 CFR 1.27
3. Specification [Total Pages 96]]
(preferred arrangement set forth below)
 - Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R&D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (*if filed*)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. Drawing(s) (35 U.S.C. 113) [Total sheets _____]]
5. Oath or Declaration [Total pages 3]]
 - a. Newly executed (original or copy)
 - b. Copy from a prior application (37 CFR §1.63(d))
(for continuation/divisional with Box 18 completed)
 - i. **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. Application Data Sheet. See 37 CFR 1.76

Attorney Docket No.	PC11008C
First Inventor	Robert F. Day
Title	β3 Adrenergic Receptor Agonists and Uses Thereof
Express Mail Label No.	

ADDRESS TO:
Mail Stop _____
Commissioner for Patents
Box 1450
Alexandria, VA 22313-1450

7. CD-ROM or CD-R in duplicate, large table or computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (*if applicable, all necessary*)
 - a. Computer Readable Copy (CRF)
 - b. Specification Sequence Listing on:
 - i. CD-ROM or CD-R (2 copies)
 - ii. Paper
 - c. Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS		
9.	<input type="checkbox"/>	Assignment Papers (cover sheet & document(s))
10.	<input type="checkbox"/>	37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i>
11.	<input type="checkbox"/>	English Translation Document (<i>if applicable</i>)
12.	<input checked="" type="checkbox"/>	Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations
13.	<input checked="" type="checkbox"/>	Preliminary Amendment
14.	<input checked="" type="checkbox"/>	Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>
15.	<input type="checkbox"/>	Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>
16.	<input type="checkbox"/>	Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17.	<input type="checkbox"/>	Other:

18. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37CFR 1.76.

Continuation Divisional Continuation-in-part (CIP) of prior application No. 10/379,976

Prior application information: Examiner_ Group/Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number	28523	or <input type="checkbox"/> Correspondence address below
Name		
Address		
City	State	Zip Code
Country	Telephone	Fax

NAME (Print/type)	Arlene K. Musser	Registration No. (Attorney/Agent)	37,895
Signature	<i>Arlene K. Musser</i>	Date	<u>1/20/04</u>

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (10-03)

Approved for use through 07/31/2008. OMB 0651-0032
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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small status. See 37 CFR 1.27**Total Amount of Payment**

\$770.00

METHOD OF PAYMENT (check all that apply)
 Check Credit Card Money Other None
Order
 Deposit Account:

Deposit Account Number	16-1445
Deposit Account Name	Pfizer Inc

The Director is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION**1. BASIC FILING FEE****Large Entity Small Entity**

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	770
1002	340	2002	170	Design filing fee	
1003	530	2203	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	filng fee	

Subtotal (1)s **\$ 770****2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

	Extra Claims	Fee from below	Fee Paid
Total Claims	2	- 20** = 0	x = 0
Independent Claims	1	- 3 = 0	x = 0
Multiple Dependent			= 0

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue independent claims over original patent

(\$ 0.00)

**or number previously paid, if greater; For Reissues, see above

*Reduced by Basic Filing Fee Paid **Subtotal (3)** **(\$)**

(Complete if applicable)

Name (Printed/Type)	Arlene K. Musser	Registration No. (Attorney Agent)	37,895	Telephone	860-715-0871
Signature	Arlene K. Musser				

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and /or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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